

STATE OF CALIFORNIA – MERIT AWARD BOARD
CAL-HR-134 (REV. 6/12)

IDENTIFICATION & RECOVERY OF SAVINGS

- SUBMIT IN DUPLICATE
- ATTACH COMPUTATIONS TO SUPPORT AMOUNT OF SAVINGS TO BE REALIZED

TO: A-15
Department of Finance
915 L Street
Sacramento, CA 95814

DATE: _____ SUGGESTION #: _____
SUGGESTER'S NAME: _____

FROM:

TYPE OF SAVINGS:

☐ **Expenditure Savings (Reduction)**

☐ **Reimbursement Increase**

☐ **Revenue Increase**

PROGRAM/FUND WHERE SAVINGS WILL BE REALIZED (Appropriation Name or Savings Location)

FIRST FISCAL YEAR:

AMOUNT:

\$

If different from amount identified in Suggestion Evaluation Report, explain in "Comments" below.

NEXT FISCAL YEAR:

AMOUNT:

\$

Complete if different from first fiscal year amount.

COMMENTS:

Projected Annual Savings:

\$

Award Amount:

\$

**THE UNDERSIGNED CERTIFY THE ABOVE ACCURATELY REFLECTS
SAVINGS DERIVED FROM THE REFERENCED SUGGESTION**

SIGNATURE OF FISCAL OFFICER

SIGNATURE OF APPROVAL OFFICER (Director)

TITLE

TITLE